STATE OF SOUTH CAROLINA )	
COUNTY OF	
IN THE MATTER OF:	▲ PROBATE COURT USE ONLY ▲
, )	CASE NUMBERGC
a protected person. )	CONSERVATOR REPORT FOR A MINOR
☐ ANNUAL REPORT ☐ AMENDED ANNUAL REP	PORT #
☐ INTERIM REPORT REQU	JIRED BY COURT ORDER
☐ FINAL REPORT WITH AF	PPLICATION/PETITION FOR DISCHARGE
<ol> <li>The undersigned Conservator submits this Conservator (mm/dd/yy) through (mm/dd/yy).</li> <li>If the Protected Person is over the age of 14, do Report? YES NO If yes, you must provide at 3. Does the Protected Person reside with his/her page of YES NO If yes, you must provide at 4. Has the Protected Person's contact information YES NO If yes, please provide upon the protected Person's please provide upon the protected Person's contact information YES NO If yes, please provide upon the protected Person's contact information YES NO If yes, please provide upon the protected Person's contact information YES NO If yes, please provide upon the protected Person's contact information YES NO If yes, please provide upon the protected Person's contact information</li></ol>	a copy of this Report to his/her parent(s).
Print Name: Address:  Preferred Telephone: Secondary Telephone: Email:	
5. ACCOUNTING SUMMARY	
CALCULATION SUMMARY	
5a. <b>BEGINNING BALANCE</b> – From Inventory #550GC) <b>OR</b> Amount from Line 5(e) in the mos Report)	st recent Conservator \$
5b. PLUS: Total Receipts	\$
5c. <b>SUBTOTAL</b> (add Line 5a to 5b)  5d. LESS: Total Disbursements	\$ \$
5e. <b>ENDING BALANCE</b> (subtract Line 5d from	

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RECEIPTS		DISBURSEMENTS		
(Assets received by the Protected Person this year.)		(Assets paid out from the Protected Person's funds this year.)		
Description of Receipt	Amount	Description of Disbursement	Amount	
		TOTAL DISBURSEMENTS		
TOTAL RECEIPTS (LINE 5b)	\$	(Line 5d)	\$	

NOTE: IF THE SPACE PROVIDED IS NOT SUFFICIENT TO ANSWER THE QUESTIONS ABOVE, PLEASE COMPLETE YOUR ACCOUNTING ON A SEPARATE SHEET OF PAPER AND ATTACH.

DESCRIPTION OF ASSET	LOCATION OF ASSET OR NAME OF FINANCIAL INSTITUTION	CURRENT FAIR MARKET VALUE	COVERED BY INSURANCE?
REAL PROPERTY (Provide information of the left with rights of survivorship, to include and.)	on all real property held in the Pro	stected Person's nam son's home, rental pr	e except those operties, vacant
NVESTMENTS (Provide information on eceivables, checking and savings accou			
MOTOR VEHICLES (Provide information and individually or jointly, or in the Conservate			name, either
idividually of jointly, of in the conservation	or s riame for the riblected reiso	11.)	
OTHER ASSETS (Provide information or mited to: business interests, home furnis			
NOTE: IF THE SPACE PROVIDED IS PLEASE COMPLETE YOUR ACCOU			
n the day ofquired to receive a copy of this Report p	PROOF OF DELIVERY  , 20, I mailed or delivered oursuant to S.C. Code Ann. § 62-3	T OF PAPER AND A this Conservator Rep 5-416(C) and any Ore	ATTACH.
	PROOF OF DELIVERY  , 20, I mailed or delivered oursuant to S.C. Code Ann. § 62-3	T OF PAPER AND A this Conservator Rep 5-416(C) and any Ore	ATTACH.

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## **VERIFICATION**

The Conservator being sworn, states that the facts set forth in the foregoing Conservator Report are true and correct to the best of the Conservator's knowledge.

SWORN to before me this	day of	Conservator's Signature:	
	20 .	Print Name:	
		Address:	
Print Name:		Preferred Telephone:	
Notary Public for:		Secondary Telephone:	
Notary 1 ablic for.	(State)	Email:	
My Commission Expires:	(State)	EIIIaII	
	(Date)		
SWORN to before me this	day of	Co-Conservator's Signature: Print Name:	
		Address:	
Print Name:		Preferred Telephone:	
Notary Public for:		Secondary Telephone:	
·	(State)	Email:	
My Commission Expires:		•	
	(Date)		
☐ PLEASE CHECK CHANGED SINC		IE CONTACT INFORMATION F	OR THE CONSERVATOR HAS

STRANGED GINGE THE ENGINEER GIVI